PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

Pg. 2

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SWALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			(Column 2) NUMBER EXTRA			TYPE		OR			
			WYEN TO ME SOUTH					RATE	FEE		RATE	FEE		
BASIC FEE					الر					345.00	OR		690.00	
TOTAL CLAIMS				3 minus 2	20=				X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	.minus 3 =			·		•	X39=		OR	X78=	•	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								ŧ	TOTAL		ОЯ	TOTAL	180	
i	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	M	
		વ	AIMS			HIGHEST	ſ			ADDI-]		ADDI-	
AMENDMENT A		AF	AINING TER IDMENT		P	NUMBER REVIOUSLY PAID FOR	PRESENT . EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	• 1(<u> </u>	Minus	**	103	=		X\$ 9=	•	OR	X\$18=		
	-Independent	NTATIC	S OF MI	Minus	**	ے ا	= \		X39=		OR	·X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260= (
·									TOTAL		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									ADDIT. FEE	<u></u>		AUUII. FEE		
_		CL	AIMS	1 N 2 P 1 1		HIGHEST	1 Column of	1		ADDI-]		ADDI-	
AMENDMENT B		AF	AINING TER IDMENT			NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	·	RATE	TIONAL FEE		RATE	TIONAL	
	Total	•		Minus	••	·	ė		X\$ 9=		OR	X\$18=		
	Independent	•		Minus	**		=		.X39 =		OR	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								•					
									+130=	<u> </u>	OR	+260=		
				•		•			TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Colu	umn 1)		((Column 2)	(Column 3)			•			·	
amendment c		REM.	AIMS AINING TER IDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus		_•	= '		X\$ 9=		OR	X\$18=	_	
	Independent	•		Minus	**		=		X39=		OR	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
• 1	if the entry in colu	mo 1 is i	ess than th	e entry in colu	mn 2	. write "O" in co	lumn 3.	. [+130=		OR	+260=		
**	If the Highest Nu	mber Pre	eviously Pa	aid For IN THIS	SSP	ACE is less tha	n 20, enter "20.	• ,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	<u> </u>	
***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														